

**Subject:** Re Public consultation on amendments to Guidelines for use of Scheduled Medicines.  
**Date:** Monday, 4 February 2013 4:40:38 PM

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Dear Sir/Madam

Thank you for the opportunity to submit our view on the matter of optometrists initiating pharmacological treatment. We operate an optometry practice from two inner Melbourne locations since 1983, that are both situated in residential zones. We mainly operated out of a multidisciplinary medical centre for the first eight years where much information was exchanged with medical practitioners about eye/systemic disease. The author of this submission was therapeutically endorsed in 2003.

We are of the opinion that much can be done to advise/educate patients in the first instance even before they show any signs of glaucoma. There are many papers that have been written in the past that can alert us to possible causes of factors that contribute to glaucoma. We have summarised this in a paper that was written on primary open angle glaucoma and its causality. The introduction to this paper can be found on this link:

<http://www.eyeadvice.info/professional/3bPoagIntro.htm>

However, if patients get to the point where it is commonly agreed that glaucoma treatment should be initiated as per the NHMRC guidelines, we believe there are several reasons why glaucoma treatment should be initiated by the patient's optometrist.

- 1) From an economical point of view, the patient will save significantly by having all their eye care needs met in the one setting, both in terms of initial referral and also with ongoing referrals. Under the current medicare arrangements, if optometrists were able to initiate and follow up on treatment, if anything, the income generated per hour of chairtime may drop as less sales are expected to be generated. For this reason, some optometrists may well not welcome such change. However, as the optometrist has often completed almost all of the necessary testing to be able to initiate treatment by the time the patient is referred for this reason, it seems we are inadequately using manpower by not allowing the optometrist to have the option to complete the care given by being authorised to initiate treatment. It may create a little more work for the optometrist who willingly undertakes this task, with little or no economic gain, but the benefits to the public would far outweigh this.
- 2) Optometrists often know their patients for many years and in our opinion, most patients would normally prefer to have their pharmacological treatment commenced with their usual optometrist. If the long term history is important in assessing glaucoma, which we believe it is, it would be fair to say that at least from this point of view, the optometrist would be in an excellent position to initiate treatment. Furthermore if patients need to be referred elsewhere, this often creates an additional difficulty from the point of view of transport alone. Glaucoma patients are often elderly, possibly frail and many do not drive themselves. There have been occasions in the author's practising career where for reasons of language etc patients could not be convinced by any means to see an ophthalmologist or visit a public hospital and unfortunately preferred to go without treatment. It may well be that many optometrists will still end up referring patients despite being able to initiate treatment, mainly from an economic perspective. However it is in the best interests of the patient to have the options available to them of staying under the same optometrist or being referred on, to have their glaucoma treatment initiated.
- 3) We believe that optometrists are well-positioned in terms of the necessary time, resources, etc to develop excellent glaucoma skills, if this was so desired by all parties, including the patients, government, ophthalmologists and optometrists themselves. Optometrists would still have the added duties of dispensing compared to ophthalmologists, but the added duties of highly skilled surgery would be equally if not more demanding to ophthalmologists as optical dispensing is to optometrists. By encouraging highly skilled optometrists in glaucoma management in the long-term, ophthalmologists could then focus on the more difficult cases that do not respond well to optometrical management. Ophthalmologists interested in glaucoma would then develop even greater expertise and will then more justifiably be able to charge greater consultation fees compared to the

optometrist.

4) In the very long term, optometrists that take a keen interest in glaucoma, not necessarily with a focus on therapeutics, would find themselves more appropriately positioned to analyse the factors that are implicated in the causality and thus prevention of glaucoma. The reasons for this argument are as follows:

The optometrist often begins seeing the glaucoma patient from their early presbyopic years. The optometrist has many years over which to observe any finer changes to the patient's eye health, including early changes to the optic nerve, IOP's, anterior chamber angles size and appearance, visual fields, etc. There is thus a much greater time frame in which to assess changes to eye health/parameters in relation to lifestyle/general health and other related events. It is this ability to detect the coincidence of related events, over a long time-frame, that will enable a greater understanding of glaucoma causality. Eg, if glaucoma is established, one cannot determine at that point of time if the coincidental finding of say migraine or thyroid disease is related. However, if it is well documented that pre-glaucoma disease began to evolve in the same period of time as the systemic disease, one may be able to at least suspect cause and over many years of experience as a primary eye care practitioner, be able to draw conclusions in ways that tertiary practitioners cannot.

I hope I have communicated my thoughts clearly and that my points are also adequately understood. I also hope that they will be of some value in the board's quest to make the right decision for the long-term benefit of everyone concerned.

Yours Sincerely

Kon Zagoritis